

## **EXHIBIT A**

***MDOC Grievance Identifiers*** # ECF 2021- 05 -615-12F

Grievance appeal

Grievance denial

MICHIGAN DEPARTMENT OF CORRECTIONS  
PRISONER/PAROLEE GRIEVANCE FORM4835-4247 10/94  
CSJ-247A

Date Received at Step I \_\_\_\_\_

Grievance Identifier: 20211051615112F**Be brief and concise in describing your grievance issue.** If you have any questions concerning the grievance procedure, refer to PD 03.02.130 and OP 03.02.130 available in the prison Law Library.

Name (print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
Michael GEORGE	827005	ECF	4-224	5-12-21	5-12-21

What attempt did you make to resolve this issue prior to writing this grievance? On what date? ON MAY 12  
 If none, explain why. I Reported to haston the medication makes me sick feel like I will pass out, BUT haston

State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used.  
 Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130. Stated I do not CARE ABOUT ABOUT that you will take the medication I prescribed to you sick or not this is my issue that was not resolved take action as soon as possible

Michael George  
 Grievant's Signature

RESPONSE (Grievant Interviewed? ☐ Yes ☒ No If No, give explanation. If resolved, explain resolution.)

Record Review completed

Prisoner description allowed response from record

Carol Kenison  
 Respondent's Signature

5/19/2021  
 Date

Brian Matczak  
 Reviewer's Signature

5/20/21  
 Date

Carol Kenison  
 Respondent's Name (Print)

Psy II  
 Working Title

Brian Matczak  
 Reviewer's Name (Print)

Psy-13  
 Working Title

Date Returned to  
 Grievant:

If resolved at Step I, Grievant sign here.  
 Resolution must be described above.

Grievant's Signature

Date

DISTRIBUTION: White, Green, Canary, Pink — Process to Step One; Goldenrod — Grievant

DEPARTMENT OF CORRECTIONS  
ER/PAROLEE GRIEVANCE APPEAL FORM4835-4248 5/09  
CSJ-247BReceived by Grievance Coordinator  
at Step II: JUN 01 2021

Grievance Identifier:

2021 05 615 112F**INSTRUCTIONS:** THIS FORM IS ONLY TO BE USED TO APPEAL A STEP I GRIEVANCE.The white copy of the Prisoner/Parolee Grievance Form CSJ-247A (or the grievance form if one has not been provided with a Step I response in a timely manner) **MUST** be attached to the white copy of this form if you appeal it at both Step II and Step III.RECEIVED  
JUL 06 2021If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to: Office of Legal Affairs  
Griev. Coord by 6/3/2021. If it is not submitted by this date, it will be considered terminated.

If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909.

Name (Print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
<u>MICHAEL GEORGE</u> <del>GEORGE MICHAEL</del>	<u>827005</u>	<u>ECF</u>	<u>3-102</u>	<u>5-12-21</u>	<u>5-26/21</u>

**STEP II — Reason for Appeal** CAROL KENISON ~~is~~ is a FAILURE to resolve this ISSUE  
I REPORTED SIDE EFFECTS OR PAIN BUT NASTON REPORTED THEY  
DID NOT CARE ABOUT THAT I STILL HAVE THE SIDE EFFECTS  
THAT WILL NOT GO AWAY TAKE ACTION ON THIS STEP II  
ISSUE SOON AS POSSIBLE  
THANK YOU

**STEP II — Response**Date Received by  
Step II Respondent:6/1/2021

Respondent's Name (Print)

Respondent's Signature

Date

Date Returned to  
Grievant:6-28-2021**STEP III — Reason for Appeal**

I REPORT SIDE EFFECT STILL THEY DONOT CARE TAKE  
MEAS WE GIVE SIDE EFFECTS OR NOT THIS ISSUE WILL  
NOT BE RESOLVED ONLY BY THE COURTS TAKE ACTION  
AS SOON AS POSSIBLE THANK YOU

**NOTE:** Only a copy of this appeal and the response will be returned to you.**STEP III —** Director's Response is attached as a separate sheet.

DISTRIBUTION: White — Process to Step III; Green, Canary, Pink — Process to Step II; Goldenrod — Grievant



**MICHIGAN DEPARTMENT OF CORRECTIONS****Step II Grievance Appeal Response**

<b>Grievance Number:</b>	ECF 2021 05 0615 12F
<b>Prisoner Name:</b>	George
<b>Prisoner Number:</b>	827005

**SUMMARY OF STEP II REASON FOR APPEAL:**

*Claims that QMHP at ECF did not address or resolve his complaints about side-effect/stomach discomfort related to psychotropic medication.*

**CONCLUSION:**

I have reviewed your Step I Grievance, the Step I Response, and your Step II Reason for Appeal.

The EMR was reviewed, and the prisoner is being seen in accordance with Mental Health Services policy. The mental health medication prescribed to the grievant is done so by the mental health professional practicing within the scope of their education, training and experience and within the policy directives set forth by the MDOC, specifically the current MDOC BHCS formulary. The ECF case manager cannot change the medications. The prisoner did see the provider again to address the matter and changes were made to the regimen.

The fact that the grievant disagrees with the professional judgment of the medication provider does not constitute a violation of policy, inappropriate treatment, negligence or neglect. There has been no violation of policy. Grievance denied.

Grievant is advised to follow policy and procedure and mental health care recommendations, as necessary.

<b>RESPONDENT NAME:</b> Tom Osier, M.A.	<b>TITLE:</b> Asst. Mental Health Services Director
<b>RESPONDENT SIGNATURE:</b> <i>Thomas J. Osier</i>	<b>DATE:</b> 6/28/2021

**Michigan Department of Corrections  
FIRST STEP GRIEVANCE RECEIPT**

**DATE:** 5/13/2021

**TO:** GEORGE 827005

**LOCATION:** ECF 4-224

**FROM:** Grievance Coordinator: T. Bassett

**SUBJECT:** Receipt for Step I Grievance

**Grievance Identifier:** ECF / 2021 / 05 / 0615 / 12F

**Issue:** medication issue

**Received:** 5/13/2021

**Date Due:** 6/3/2021

Your Step I grievance was received as indicated above. You should receive a response no later than the due date listed above. If you have not received a response by this date and have not received notification of an extension, you may submit a written request for an appeal form to this office. You will need to note, on your request, the grievance identifier as listed above.

**Michigan Department of Corrections**  
**GRIEVANCE APPEAL RECEIPT - STEP II**

**DATE:** 6/1/2021

240L  
3-102L

**TO:** GEORGE 827005

**LOCATION:** ECF

~~4224~~

**FROM:** Grievance Coordinator: T. Bassett

**SUBJECT:** Receipt of the Grievance Appeal Form

I acknowledge receipt of your Step II grievance appeal, identifier ECF / 2021 / 05 / 0615 / 12F  
which was received in this office on 6/1/2021

Unless you are otherwise notified you should be provided a Step II response within 15 business days of the  
date your appeal was received or no later than 6/22/2021

If you have not received a response by this date or received notice of an extension, you may submit your step  
III appeal to the Directors office.

## MICHIGAN DEPARTMENT OF CORRECTIONS

## Step II Grievance Appeal Response

<b>Grievance Number:</b>	ECF 2021 05 0615 12F
<b>Prisoner Name:</b>	George
<b>Prisoner Number:</b>	827005

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<b>RESPONDENT SIGNATURE:</b> <i>Thomas J. Osier</i>	<b>DATE:</b> 6/28/2021